



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

GRANT COUNTY HEALTH DEPT.
FOOD DIVISION
401 SOUTH ADAMS STREET
MARION, IN 46953

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

7-26

Establishment Name Taco Bell #322	Telephone Number () Establishment 765 674-1574	Date of Inspection (mm/dd/yr) 7/28/2527	ID # 2527
Establishment Address (number and street, city, state, ZIP code) 6265 E. 500 So., Gas City	Owner KMac Enterprise	Follow-up yes	Release Date 10 Days
Owner's Address Samuel	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) 7. Other (list) Fine Call out	Summary of Violations: P- R- C- 8	
Person in Charge Cawn/Kelly/Dessica	Menu Type (See back of page) 1. 2. X 3. 4. 5.		
Responsible Person's E-mail	Certified Food Handler Dessica Richardson 1/20/25		

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"

• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
306(c)	C		The floor demo are spilled with dry food grease and other debris	
			1. High inside - steamers inside to include outside of both machines walls and flooring around the area	
	C		2. Wipe shelf next to steamer, wall and flooring	
	C		3. 3 comp. bins with rice & noodles outside	
PF(a)			4. South wall steamers, small griddles counter tops, under heat shields	
PF(a)			5. Floor cooler has dry food inside	
			6. West equipment (all are spilled)	
			7. West side ramp spilled at bottom	
			8. Hot on west - south wall has dry food debris	

Received by (name and title printed):

Ke 114 miller

Received by (signature):

Kelly miller

Inspected by (name and title printed):

Angela M. Collum

Inspected by (signature):

Angela M. Collum

cc:

cc:

cc:

NARRATIVE REPORT

Establishment Name #322			Address 6265 E 500 So, Provo UT		Inspection Date 7/28/25
Section#	C/N/C	R	REMARKS		TO BE CORRECTED BY
306(a) PF			Cieling above proffay Machine has dark debris and dust		
442(a) C			Two grates in back needs replaced repaired repaired repaired - trip hazard - repair/replace		
306(a) PF			Slushie machine area holding open bins covered with dry food to include fruit candy Slushie machine leaking on product beneath		
442(a) C			Outside freezer/cooler doors has dark debris		
<p>Health Dept was here on 7/8/25 for a routine inspection and found many violations Must call to reopen 765651-2401 app. 2</p>					
Received By (Name & Title) Kelly Miller Assistant			Inspected By (Name & Title) [Signature] 7/28/25		
Page 2 of 2					